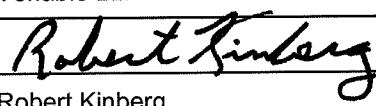


Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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| Request for Customer Number | Address to: Mail Stop CN Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450 |
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☐ Although the Requester acknowledges that Internet communications are not secure, the Requester hereby authorizes the USPTO to send the assigned customer number by e-mail to the email address listed below.

| | | | | |
|--|---|----------------------|----------------------|----------------------|
| To the Commissioner for Patents Please assign a Customer Number to the address indicated below. | | | | |
| Firm or Individual Name | Karlsruher Institut für Technologie | | | |
| Address | Hermann-von-Helmholtz-Platz 1 | | | |
| City | Eggenstein-Leopoldshafen | State | | Zip 76344 |
| Country | Germany | | | |
| Telephone | +49 7247 82-2861 | | Email | info@fzk.de |
| Please associate the following practitioner registration number(s) with the Customer Number assigned to the address cited above. | | | | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| <input type="checkbox"/> Additional practitioner registration numbers are listed on supplemental sheet(s) attached hereto. | | | | |
| Request Submitted by: | | | | |
| Firm Name (if applicable) | Venable LLP | | | |
| Signature |  | | | |
| Name of person submitting request | Robert Kinberg | Date | January 26, 2010 | |
| Registration Number, if applicable | 26,924 | Telephone Number | (202) 344-4051 | |